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1617/1

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ication Application Number TRANSMITTAL Filing Date January 12, 2001 **FORM** Maria Isabel Gonzalez, et a **First Named Inventor** (to be used for all correspondence after initial filing) Group Art Unit 1617 Mojdeh Bahar **Examiner Name** 5771-P1-01-MG 25 Total Number of Pages in This Submission Attorney Docket Number (check all that apply) **ENCLOSURES** After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Amendment / Response Licensing-related Papers (Appeal Notice, Brief, Reply Brief) Petition Routing Slip (PTO/SB/69) After Final Proprietary Information and Accompanying Petition Affidavits/declaration(s) Petition to Convert to a Status Letter **Provisional Application** Power of Attorney, Revocation Additional Enclosure(s) Extension of Time Request Change of Correspondence (please identify below): Address Associate Power of Attorney **Terminal Disclaimer** Express Abandonment Request **Small Entity Statement** Information Disclosure Statement Request for Refund Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Karend DeBenedictis Individual name Signature Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Typed or printed name Linda A. Zerby Signature Date

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Application Number	09/759,777
Filing Date	January 12, 2001
First Named Inventor	Maria Isabel Gonzalez, et al.
Examiner Name	Mojdeh Bahar
Group Art Unit	161
Attorney Docket No.	5771-P1-01-MG

2003

METHOD OF PAYMENT		FEE CALCULATION (continued)								
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:			3. ADDITIONAL FEES Large Small							
Deposit Account	Deposit Account 23-0455		Large Small Entity Entity							
Number	23-0433	Fee	Feo le (\$)	Feo Code	Fee (\$)	Fee	Description	1	Fee Paid	
Deposit Account Name	Warner-Lambert Company	105		205	65	Surcharge - late	filing fee or o	ath		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late cover sheet	provisional fili	ng fee or		
Applicant claims small entity status.		139	130	139	130	Non-English spec	ification			
See 37 CFR 1.27		147	2,520	147	2,520	For filing a reque	st for ex parte	reexamination		
2. Payment Enclosed: Check Credit card Money Other		112	920*	112	920°	Requesting public Examiner action	cation of SIR	prior to		
FEE CALCULATION		113	1,840°	113	1,840	* Requesting publi Examiner action	cation of SIR	after		
1. BASIC FILING FEE		115	110	215	55	Extension for rep	oly within first	month		
1	Largo Entity Small Entity		390	216	195	Extension for rep	ly within seco	nd month	242.22	
II	o Foo Foo Description do (\$) Fee Paid	117	890	217	445	Extension for rep	ly within third	month	940.00	
1)	355 Utility filing fee	118	1,390	218	695	Extension for rep	ly within fourt	h month	<u></u>	
106 320 206		128	1,890.	228	945	Extension for rep	ly within fifth ı	month .		
107 490 207		119	310	219	155	Notice of Appeal				
108 710 208		120	310	220	155	Filing a brief in su	pport of an a	ppeal		
114 150 214	75 Provisional filing fee	121	270	221	135	Request for oral h	nearing .			
	<u></u>	138	1,510	138 1	,510	Petition to institut	e a public use	proceeding		
SUBTOTAL (1) (\$) 0.00		140	110	240	55	Petition to revive	- unavoidable			
2. EXTRA CLAIM FEES		141	1,240	241	620	Petition to revive	- unintentiona	ıl		
Extra Claims		142	1,240	242	620	Utility issue fee (c	r reissue)			
		143	440	243	220	Design issue fee				
		144	600	244	300	Plant issue fee				
Multiple Dependent	0.00 = 0.00	122	130	122	130	Petitions to the C	ommissioner			
		123	50	123	50	Processing fee ur	nder 37 CFR	1.17(q)		
Large Entity Sma	II Entity Fee Fee Description	126	180	126	180	Submission of Info	ormation Disc	losure Stmt	•	
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102 80 202	40 Independent claims in excess of 3	146	710	246	355	Filing a submissio		ejection		
104 270 204	135 Multiple dependent claim, if not paid	l	_			(37 ČFR § 1.129(_		
109 80 209	40 ** Reissue independent claims over onginal patent	149	710	249	355		ach additional invention to be ned (37 CFR § 1.129(b))			
110 18 210	• •		710	279	355	Request for Conti	nued Examin	ation (RCE)	•	
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**or number previo	SUBTOTAL (2) (4) 0.00 ously paid, if greater; For Reissues, see above			-			SUBTOTAL	(\$)	940.00	
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SUBMITTED BY	r	Complete (if epplicable) Registration No. 22 077 Telephone (72.4) (22.1(10.1)								
Name (Print/Type) Karen DeBenedictis			Registration No. 32,977 Telephone (734) 622-1610						1610	

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